MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC HEALTH AND WELFARE DO NOT WRITE AMENDED Registration District No. 218 Primary Registration District No. 318 Primary Registration District No. 218 STATE FILE NUMBER STATE FILE NUMBER						
DO NOT WRITE AMENDED ON THIS STUB			ED	FILED DEC 29 1962		
VS 300		-		1. PLACE_OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE 10, b. COUNTY admission)		
Rev. 4/59				b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in the Life CITY Inside Limits		
_	AMENDED			TOWN 54. LOUIS 40 YRS TOWN 54. LOUIS YOUR NO [
	, E			c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 1/6 1/5 BRADILIAN Yes II No II Yes II No II Yes II No II Yes II No III		
2 22	50€		1	INSTITUTION 5 1/2 South BROADWAY Yes A NO 1 3/2 South BROADWAY Yes A NO 12		
3	12	_	⇈▏▏	3. NAME OF DECEASED First Middle Lest 4. DATE Month Day Year (Type or print) OF OF		
	1] [JOSEPH H. BOYER DEATH DEC 9 1962		
				5. SEX 6. COLOR OR RACE 7. Married Never Married 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Widgwed 19 Diversed 10 0.10 1 GG2 1 Months Days Hours Min.		
5 2				///ALE (.A) HUG6/87/ //		
6	2		!	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND		
	o			136. FATHER'S NAME 136. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE		
<u> 7</u>	POLL			WASH BOYER MARY PORTELL NAKNOWN		
8 2.	SF			15. WAS DECEASED EVER IN U.S. ARMED FORCES? D. 17. INFORMANT Address		
9	FA			(Yes, no, or unknown) (If yes, give war or dates of service - 9 MAH BOYER LHI CADET MO		
	AR	7	│ ╞│	18. CAUSE OF DEATH (Enter only one cause per line for (a)/ (b), and (c). PART I. DEATH WAS CAUSED BY: ONSET AND DEATH		
10	1 1 1		UMENT	IMMEDIATE CAUSE (a) ANDRIO ECLUSIO. Heart Duse and.		
11	RECORD EAD OF		l lol			
1290-3			2	Conditions, if any, DUE TO (b) Described Water 5 elevasion		
	THIS			which gave rise to shove cause (a), stating the under-		
13			<u> </u>	lying cause last. J DUE TO (c)		
- A	o			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days		
90	STS			Yes No Unknown		
	WE			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days there a pregnancy in last 90 days PART II. If deceased was female was there a pregnancy in last 90 days		
	S	-				
Z	AMENDMENTS			ZOC. TIME OF Hour Month, Day, Year INJURY a.m. p.m.		
INK RIBBON		· .		p.m.		
BLACK INK OR RITER RIBBO			.	20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, WHILE AT WORK farm, factory, street, office bldg., etc.)		
<u> </u>	اوا ا	•		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
₩ O 🖺	READ			21. 1 attended the deceased from		
				Death occurred at		
USE BLAC OR IYPEWRITER	знопгр		ර්	228. SIGNATURE (Degree qr. sitle) 22b. ADDRESS 22c. DATE SIGNES		
_	ι		<u>+</u>	Joseph Muller 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	o O	\top	DAVIT	236. BURIAL GREMATION, 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or country) (State)		
				/		
	ITEM			Gum + SON TO + OSI MO DEC 10 1962 HOAN SMUTH. M.D.		
	-	1 1	"	70 / 1 00 10 10 10 10 10 10 10 10 10 10 10 1		

Z961 IZJ30

STATEMENT BY LICENSED EMBALMEN

I hereby certify that the body whose name	me is recorded on the reverse side of this certificate was embalmed by me,
or by	Student Embalmer No
working under my personal supervision.	Signed William H. Gum
Student	Signed William A- Miss
Signature of Student Embalmer	
	Licensed, Embalmer No. 5/55
	A
	P. O. Address Palasi Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.